

2 4442

CAMBRIDGESHIRE
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1952

CAMBRIDGESHIRE
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1952



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b2908913x>

INDEX

Arrangements for Treatment	7
Blind, Deaf, Defective and Epileptic Children	11
Child Guidance	12
Dental Defect and Treatment	9
Educational Retardation	12
“ Following-up ”	7
Hospital Treatment	10
Hygienic Conditions of Premises	5
Infectious Diseases, Control of	10
Malnutrition	7
Meals, Provision of	11
Medical Inspection and Treatment	5
Milk, Supply of	11
Minor Ailments	8
Neglect	10
Nose and Throat Defects	7
Nutrition	6
Orthopaedic Treatment	7
Other Defects Treated	10
School Nurses	7
Skin Diseases	8
Special Educational or Institutional Treatment,	10
Spectacles	8
Staff	4
Technical College, Medical Inspection of	13
Tuberculosis	10
Uncleanliness	7
Visual Defects	6

Tables :—

Medical and Dental I. to V.	14-19
-------------------------------------	-------

Introduction

At the end of 1952 there were 120 Primary Schools (including one Nursery School), 5 Secondary Modern Schools and Soham Grammar School in the rural area of the Local Education Authority. Of the Primary Schools, 56 were County Schools and 64 Voluntary Schools.

In January 1953 the number of children on the registers of the Primary and Secondary Modern Schools was 10,035. There were also 330 boys on the register at Soham Grammar School who form part of the total number under consideration in the paragraphs which follow.

Staff

Services in connection with school medical work in the rural area were rendered by the following :—

R. FRENCH, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

P. A. TYSER, M.D., B.S., D.P.H., *Deputy do. (Part-time).*

EILEEN M. BRERETON, M.A., M.B., CH.B., *Assistant do.*

ANNA R. WADE, M.A., M.B., CH.B., *Ophthalmic Surgeon.*

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer (half-time).*

ROSA B. SCHMELTZER, D.M.D. (Berlin), L.D.S., *School Dental Surgeon.*

J. R. TOLLER, M.Sc.D., Northwestern U., U.S.A., L.D.S., *do. (from December 1st).*

JOAN K. WENBORN, *Superintendent of Nurses and Health Visitors.*

G. G. GALPIN, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts (until December 7th, thereafter Enquiry Officer).*

H. J. SADLER, *Chief Clerk (from December 8th).*

In the City of Cambridge which is an Excepted District, the following is the school medical staff :—

C. G. EASTWOOD, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*

J. V. L. FARQUHAR, M.R.C.S., L.R.C.P., D.P.H., *Deputy School Medical Officer (until August, 1952).*

HILDEGARD P. BRODA, M.D. (Vienna), *Assistant School Medical Officer.*

DOROTHY DAVEY, M.B., CH.B., *Part-time do. (from September, 1952).*

W. B. GRANDISON, F.D.S., L.D.S., *Senior Dental Officer (half-time).*

MARJORIE E. C. PAGE, L.D.S., *School Dental Surgeon.*

E. BURN, L.D.S., *School Dental Surgeon.*

JESSIE M. BOUNTAIN, L.D.S., *School Dental Surgeon (Part-time).*

WENDY M. JONES, L.D.S., *School Dental Surgeon (Part-time).*

D. A. JONES, L.D.S., *School Dental Surgeon (Part-time)*, (from September, 1952).

G. F. WRIGHT, M.A., M.B., B.CHIR., D.O.M.S., *Ophthalmic Surgeon*.

Child Guidance Staff for whole area :—

H. BANISTER, PH.D., *Director*.

ROSEMARY PRITCHARD, M.R.C.S., L.R.C.P., *Psychiatrist*.

MARJORIE SISSON, M.A., *Psychotherapist*.

ERNA POPPER, B.A., *Psychotherapist (until April, 1952)*.

DOROTHEA M. HUTCHINSON, M.A., *Psychiatric Social Worker*.

MABEL V. BISHOP, B.SC., *Psychiatric Social Worker*.

NANCY SALAMAN, B.A., Dip.Psych., *Educational Psychologist*.

HEATHER G. HRAMTSOV (nee Melvill), L.C.S.T., *Speech Therapist*.

ROSEMARY PATON PHILIP, L.C.S.T., *Speech Therapist (until April, 1952)*.

OLIVE ABOTOMEY, L.C.S.T., *Speech Therapist (from May, 1952)*.

HILARY WESTRUP, L.C.S.T., *Speech Therapist (from April, 1952)*.

Hygienic Condition of Premises

The school medical staff continues to report on the hygienic condition of school premises and action is being taken as a result of their reports to a limited extent and at rather a slow rate. It is understood that restriction as to the spending of money constitutes the principal factor giving rise to the lack of progress and once again it must be emphasised that the preventive aspect of school medical work is exceedingly important and that expenditure in this direction cannot fail to bear good fruit.

An outline of the general state of affairs was given in the report for 1951 and it is not proposed to repeat this in detail now but as requirements of good environment it may be said that a piped water supply within the school, adequate washing arrangements for both children and utensils, the institution of a water carriage system of sewage disposal where possible and the best form of conservancy system where this is not possible are essential.

It has to be admitted that there are still schools in the rural area of the County which fall very far short of this level.

Medical Inspection

There was no change in the four routine age groups of children inspected during 1952 as compared with those inspected in 1951.

As Dr. Sandell and Dr. Wade completed their work for the Council at the end of 1951, the whole of the work of school medical inspection was carried out in 1952 by Dr. Brereton working on a full-time basis and Dr. Tyser working on a part-time basis and doing four sessions a week. The fact that there was no break in the service of either doctor during the year made it possible to attain the target of an annual

routine inspection of every school and a re-inspection at an approximate interval of six months from the routine inspection.

The following figures show the number of inspections carried out in 1952 :—

Routine inspections	.. ..	4,316
Special inspections	.. ..	69
Re-inspections	.. ..	5,970

The number of routine inspections in the previous year was 4,010 and the number of re-inspections 4,434.

The number of children found to require treatment was 600 or 171 less than in the previous year. Some of these children had more than one defect.

Details as to certain of the conditions discovered are in the following paragraphs.

Nutrition.—Of the 4,316 children examined 1,702, or 39.43 per cent., were considered to be of good nutrition as against 33.00 per cent. in the previous year.

Fair nutrition was found in 2,589 children, or 59.99 per cent., as against 65.31 per cent. in the previous year.

Poor nutrition was found in 25 children, or 0.58 per cent., as against 1.69 per cent. in the previous year.

Once again the figures indicate an improvement in the nutrition of children as compared with the figures of the previous year. The number of children showing poor nutrition has dropped remarkably and the number of children regarded as being of good nutrition has increased to very much the same extent as the number of children of fair nutrition and poor nutrition taken together has decreased. Mention has been made in previous reports, however, of the tendency of these figures to oscillate in a somewhat inexplicable manner and before the improvement as between the last two years can be taken to indicate a definite trend, it will be necessary for the collection of figures to continue over a somewhat longer period.

Visual Defect.—The total number of cases of visual defect, including squint, found at routine and special inspections was 815 as against 753 in the previous year of which 202 required treatment as against 246 in the previous year and 613 required observation only as against 507 in the previous year.

It will be seen that there has been a rise in the total number of cases of visual defect. Some of this rise is no doubt produced by the larger number of children subjected to routine inspection but it will also be noted that whilst there is a rise in the total, there is a fall in the number requiring treatment and the whole of the rise applies to the class requiring observation only. Many of the children requiring observation are those in the lower age groups whose vision it is not possible to test very satisfactorily and there is reason to think that at subsequent examinations these children are not found to suffer from defective

vision at all. It seems unnecessary to suppose, therefore, that there is any actual increase in visual defect.

Nose and Throat Defects.—There was a considerable fall in the number of cases of nose and throat defect discovered, the figure being 354 as against 457 for the previous year but there was practically no change in the number requiring treatment, the respective figures for the two years being 54 in 1952 and 55 in 1951.

Orthopaedic and Postural Defects.—There has been a considerable tendency over the past three years for these defects to fall in number and the decrease as between 1951 and 1952 was marked. There were 381 cases in the latter year as against 567 in the former year. Ninety of these were cases of so-called flat foot whereas in 1951 the figure was 166. Only 116 cases out of the total were considered to require treatment, 78 fewer than in the previous year.

Following up.—The following figures relate to the work of nurses acting as school nurses :—

1. *Visits to Schools* :—

(a) Routine Medical Inspections	302
(b) Special—Verminous	500
(c) Other purposes	753
2. *Visits to Homes of Scholars* :—

(a) Follow up to secure treatment	3,950
(b) Special enquiries into infectious or contagious disease	579
(c) Other purposes	333

Arrangements for Treatment

Malnutrition.—The need for cod liver oil and malt seemed to continue at very much the same level as it had in former years and in addition three children were sent to residential open air schools during 1952. This number is larger than it has been for some time and makes the total number admitted since the arrangement started 211.

Uncleanliness.—School Nurses made 500 visits to schools for the detection of verminous children as against 498 in the previous year or an average of 4 per school. The total number of children examined was 34,944 and the number of individual children found unclean was 72. In addition, 4,316 children were examined by the assistant school medical officers of whom 7 were found to be unclean making the total for the year 79. The rate of improvement seems to slow down from year to year but the number of verminous children found each year has undoubtedly steadily fallen and compared with the figures of pre-war years it may be regarded as reasonably satisfactory. No doubt the

resistant hard core will become increasingly difficult to eliminate from year to year.

Visual Defects.—The work of dealing with visual defects throughout 1952 was carried out in the main by Dr. A. R. Wade but she was abroad for approximately two months and during that time Dr. J. H. Kodicek dealt with cases which would normally have been referred to her. In addition there was an increasing tendency for children living in the Newmarket area to go to Newmarket General Hospital instead of coming to Cambridge. They were seen there by Dr. M. Perrers Taylor.

The number of cases referred for refraction during the year was 754 of which 640 were examined by Dr. Wade or Dr. Kodicek and 114 at other places, chiefly Newmarket General Hospital. Dr. Wade or Dr. Kodicek prescribed glasses for 360 and, of the 114 seen otherwise, 64 were found to require them, a total of 424. Of this total 416 had received their spectacles by the end of the year so that once again there was no appreciable time lag between prescription and provision.

The number of cases referred increased by 138 as compared with the number for the previous year and the number for whom glasses were necessary rose by 43. As has been pointed out earlier in the Report the increase in visual defects discovered is probably governed to a large extent by the increased number of children examined and much the same may be said of the increase in the number referred for treatment.

Minor Ailments.—Fifteen cases of scabies were reported in 1952 as against 10 in 1951. All were treated through arrangements other than those provided by the Authority. After a spectacular fall in numbers during the immediate post-war years, there now seems to be a tendency to a slight rise but until the trend has been observed somewhat longer, it cannot be said to be highly significant in view of the quite small numbers involved.

The number of cases of impetigo rose in 1952 to 25 from the low figure of 16 which was recorded in the previous year. This is somewhat disappointing as it had been hoped that the condition was on its way to complete disappearance but even so the figures are small as compared with those of not so very long ago.

Nose and Throat Defects.—Sixty-one cases of adenoids and chronic tonsillitis were known to have received operative treatment during the year, one less than the figure for the previous year. Only 7 were actually referred through the School Medical Department, 4 of these being cases which were on the waiting list at the end of 1951. The total number of cases referred during 1952 was 16, one more than the figure for the previous year. Four required no treatment, 2 received operative treatment, 9 received other forms of treatment and 1 remained on the waiting list for operative treatment at the end of the year.

Three cases of other nose and throat conditions received' different forms of operative treatment and 81 cases received non-operative treatment, 7 being dealt with under the Department's own arrangements.

Dental Treatment.—For almost the whole of 1952 Dr. R. B. Schmeltzer continued to do the main work of the dental treatment of school children single handed. In March of that year, however, it was possible once more to find a part-time dental surgeon who was willing to work on a sessional basis. She started by doing one session per week but this was soon increased to two. Her work was largely of an emergency nature and was carried out in the Shire Hall Clinic but it was possible for her to deal with certain cases whose treatment could not be completed during Dr. Schmeltzer's visits to the schools.

In December 1952 a second full-time dental surgeon, Mr. J. R. Toller, was appointed and the Education Committee were fortunate in being able to overcome the problem of accommodation for him because they had purchased at a very low figure a travelling dental clinic which had been used by Officers of the Ministry of Health at a displaced persons camp at Bottisham. This travelling clinic was of a much less elaborate nature than the clinic previously owned by the Committee but when Mr. Toller started his work it was found to be very serviceable and it was hoped that the difficulty might be resolved for some time. At the time of writing, however, it has to be admitted that many defects are developing in the clinic and it may be necessary to scrap it in the near future. It cannot be said to have involved the Education Committee in any financial loss.

In 1952 a total of 2,083 children were inspected as against 2,253 in 1951. Of these 1,751 were found to require treatment, or 84.06 per cent. as against 89.1 per cent. in the previous year.

Of the 1,751 children requiring treatment, 1,743 received it or almost 100 per cent. The explanation of this fact was given in the previous year's Report and will no longer hold good at the end of 1953 as the practice of inspecting all children and not only those whose parents are willing to accept treatment has been re-adopted. The number treated was 258 less than that of the previous year, a fact which is probably caused by the increasing interval between visits of the dentist, with the consequent increase in the amount of treatment required by each child. It may be hoped that the increase in dental staff will reverse this trend before very long.

The number of fillings done was 4,550 as against 4,128 in the previous year. Probably the rise is largely due to the increase in dental staff.

There were 1,338 extractions done by the staff of the rural area as against 853 in the previous year of which 342 were of permanent teeth (238 in 1951) and 996 of temporary teeth. Once again the increase is probably due to the increase in dental staff but it is somewhat unsatisfactory to have to record an increase in the number of

extractions of permanent teeth, no doubt due to the longer interval between successive visits of the dentist to each school with increased deterioration of the teeth in the meanwhile.

In addition to the work carried out by the staff accredited to the rural area, the City dental staff did supplementary dental work for 490 rural children. They carried out 659 extractions and 321 fillings, substantially the same figures as those of the previous year.

Orthopaedic Treatment.—Twenty-one cases were referred to Addenbrooke's Hospital, Newmarket General Hospital or the outlying clinics during the year of which 14 were found to require treatment. Returns from hospitals show, however, that a total of 44 children of the area received orthopaedic treatment, one as an in-patient and 43 as out-patients.

Other Forms of Special Educational Treatment or Institutional Treatment.—The 3 maladjusted children mentioned as being in residential schools at the end of 1951 remained there in 1952. As has been mentioned earlier in the Report, 3 girls were admitted to residential open air schools, namely St. Patrick's Open Air School, Hayling Island; Castleham School of Recovery, Hollington and Ogilvie School of Recovery, Clacton on Sea, during the year.

Tuberculosis.—Three new cases (2 pulmonary and 1 non-pulmonary) were admitted to institutions during 1952 making with those remaining at the end of 1951 a total of 5 cases in institutions at some time during the year. Four cases were discharged, leaving on January 1st, 1953, only one pulmonary case still in an institution.

Other Defects Treated.—One hundred cases were referred to Addenbrooke's Hospital or Newmarket General Hospital, 16 for ear, nose and throat defects, 21 for orthopaedic defects, 46 for visual defects including squint, 6 for skin defects, 5 for general medical conditions, 1 for hernia and 5 for enuresis.

Neglect.—Thirteen families were referred to the N.S.P.C.C. of which 7 were on account of general neglect, 3 because of failure to obtain treatment for defective vision, 1 for failure to obtain treatment for tonsils, 1 for failure to wear special boots which had been prescribed and 1 for alleged cruelty on the part of the parents.

Infectious Diseases

The following table shows the number of schools from which notifications of infectious disease were sent by Head Teachers during the year :—

Scarlet Fever	..	..	..	7
Diphtheria	..	..	..	Nil
Measles	..	..	..	21
German Measles	..	..	..	27
Chickenpox	..	..	..	41
Whooping Cough	..	..	..	30
Mumps	..	..	..	14

The figures for scarlet fever, diphtheria, whooping cough and chickenpox remained substantially the same as those of the previous year but there has been a considerable fall in the number of cases of measles and mumps and a rise in the number of cases of German measles.

Provision of Meals

The arrangements for the supply of milk in school have continued as before and the following are the figures as to types :—

Tuberculin Tested	..	..	31
Pasteurised	..	..	87
Tuberculin Tested or Pasteurised			10
Accredited	..	..	Nil
Ordinary	..	..	Nil

It is highly satisfactory to be able to record that there are now no schools which do not receive either tuberculin tested or pasteurised milk.

On October 15th, 1952, there were 7,475 children receiving milk or 75.22 per cent. of the total in attendance. Of those in attendance at the Nursery School 100 per cent. received it, at Primary Schools 83.41 per cent. and at Secondary Schools 46.31 per cent.

Cooked mid-day meals were available at all schools and a total of 6,706 children or 68.38 per cent. received them, substantially the same figure as that on the corresponding date in the previous year. At the Nursery School 100 per cent. took the meals, at Primary Schools 63.49 per cent. and at Secondary Schools 85.02 per cent.

The number of children receiving free meals on a scale of means approved by the Education Committee was 603.

Blind, Deaf, Defective and Epileptic Children

The following table sets out the position with regard to the institutional or residential treatment of defective children :—

	<i>Educationally</i>				<i>Physically</i>	
	<i>Retarded</i>	<i>Blind</i>	<i>Deaf</i>	<i>Epileptic</i>	<i>Defective</i>	
Remaining Dec. 31st, 1951	23	4	6	1	2	
Admitted in 1952	5	—	—	1	—	
Discharged in 1952	3	—	2	—	1	
Remaining Dec. 31st, 1952	25	4	4	2	1	

The columns relating to blind and deaf children include partially sighted and partially hearing children.

Educational Retardation.—Twenty-nine cases of educational retardation were brought to the notice of the Education Committee during the year. Three of these were later reported to the Mental Health Sub-Committee of the Health Committee as ineducable and were placed under Statutory Supervision. Of the remainder, 10 were approved for admission to special schools of whom 4 were admitted during the year, 5 remained on the waiting list at the end of the year and in one case the vacancy which was offered was eventually refused.

It may be remembered that there were six children on the waiting list for admission to special schools at the end of 1951. Of these one was admitted to a residential school during 1952 leaving three on the waiting list for a residential school and two for the City Day Special School. With the five new cases put on the waiting list during 1952 therefore there was a total of ten still on the waiting list at the end of it (seven for residential schools and three for the City Day Special School).

Child Guidance

The staff of the Clinic changed but little during 1952. The services of Miss Popper were retained for the first three or four months in order to complete the treatment of the children with whom she had been dealing during Mrs. Sisson's absence in 1951. Apart from her eventual departure the staff of the Clinic was exactly the same as that to which the 1951 report referred.

During the year there were 178 new cases referred to the Clinic, a decrease of 7 over the figure for the year 1951. The whole of this decrease was in respect of cases from the rural area from where there were 15 fewer, with an actual increase of 5 in the number of City cases and 3 in the number of cases from other areas. At the end of the year there were 3 cases which had not been investigated as compared with 4 at the end of 1951.

Rather more than one third of the children were girls and Dr. Banister points out that during the last five years 551 boys and 373 girls have been referred to the Clinic, that is a proportion of three boys to two girls.

There has been no great change in the type of disorder for which children were referred.

There were 297 cases on the Clinic registers during the year of which 158 were regarded as closed at the end of it. Seventy-five cases remained under treatment and a further 15 cases had been examined and were awaiting treatment. Of the closed cases, advice only had been required in 53 and 12 others had been referred for estimation of their intelligence quotient.

Fifty-four cases were actually treated of which 46 improved, 1 did not improve and 7 were sent to hostels or special schools. In 36 cases treatment was not sufficiently complete for an estimation of progress to be made.

The number of cases referred to the Speech Clinic in 1952 was 238 as against 216 in 1951. This rise took place in the rural area, the City figure remaining the same as that of the previous year. Four hundred and eighty children received treatment as against 405 in the previous year and 134 were discharged. At the end of the year there were 346 cases still under treatment, 90 awaiting treatment and 7 awaiting examination.

Dyslalia was the most common defect requiring treatment, the proportion of children suffering from it being higher in the rural area than in the City, whereas the proportion of children suffering from other defects, especially stammer, was higher in the City.

Further detailed figures will be found at the end of the Report.

Medical Inspection at the Technical College

The following figures give details of the work done :—

				Male	Female
Number of Routine Inspections				77	142
<i>Principal Defects Discovered</i>				<i>Male</i>	<i>Female Total</i>
Subnormal Nutrition	..	..	..	2	1 3
Defective Vision :					
For observation	..	..	..	9	20 29
For treatment	..	..	..	5	9 14
Nose and Throat Defects :					
For observation	..	..	..	1	4 5
For treatment	..	..	..	—	— —
Hearing	..	..	..	2	3 5
Orthopaedic	..	..	..	10	33 43
Circulatory	..	..	..	1	7 8
Skin	..	..	..	3	10 13
Other conditions	..	..	..	9	21 30

The nutritional condition of the pupils can be further sub-divided as follows :—

				Good	Fair	Poor
Boys	..	..	..	39	36	2
Girls	..	..	..	63	78	1

The percentages of good nutrition were 50.6 in boys and 44.4 in girls. The corresponding percentages in the previous year were 46.9 and 34.7. There was no change in the observers as between the two years.

TABLE I. MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :						
Entrants	..	..	..	..	..	1353
Second Age Group	..	..	..	..	..	1052
Third Age Group	..	..	..	..	..	814
Total	..	..	..	..	..	3219
Number of other Periodic Inspections						
						1097
Grand Total	..	..	..	..	..	4316

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	69
Number of Re-inspections	..	..	..	..	5970
Total	..	..	..	..	6039

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	22	154	154
Second Age Group ..	55	118	152
Third Age Group ..	38	67	93
Total (prescribed groups)	115	339	399
Other Periodic Inspections	69	151	201
Grand Total	184	490	600

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1952.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	37	115	2	1
5	Eyes— <i>a.</i> Vision	184	548	6	—
	<i>b.</i> Squint	11	65	1	—
	<i>c.</i> Other	21	50	3	—
6	Ears— <i>a.</i> Hearing	8	33	—	—
	<i>b.</i> Otitis Media	12	26	—	1
	<i>c.</i> Other	7	8	1	—
7	Nose or Throat	50	297	4	3
8	Speech	19	67	2	—
9	Cervical Glands	3	78	1	1
10	Heart and Circulation	9	57	—	—
11	Lungs	9	78	1	—
12	Developmental—				
	<i>a.</i> Hernia ∴	3	20	—	—
	<i>b.</i> Other ..	4	48	—	—
13	Orthopaedic—				
	<i>a.</i> Posture ..	18	56	—	1
	<i>b.</i> Flat foot	26	61	3	—
	<i>c.</i> Other ..	66	146	3	1
14	Nervous system—				
	<i>a.</i> Epilepsy	1	11	—	—
	<i>b.</i> Other ..	1	8	—	1
15	Psychological—				
	<i>a.</i> Development	6	75	2	2
	<i>b.</i> Stability	19	72	—	—
16	Other	160	154	4	3

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1353	544	40.21	799	59.05	10	.74
Second Age Group	1052	426	40.49	622	59.13	4	.38
Third Age Group	814	330	40.54	479	58.85	5	.61
Other Periodic Inspections ..	1097	402	36.64	689	62.81	6	.55
Total ..	4316	1702	39.43	2589	59.99	25	.58

TABLE III.—INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	39,260
(ii)	Total number of <i>individual</i> pupils found to be infested	79
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

						Number of cases treated or under treatment during the year	
						by the Authority	otherwise
Ringworm—(i)	Scalp	..	..	..	..	—	—
	(ii) Body	..	..	..	..	—	12
Scabies	..	..	..	..	..	—	15
Impetigo	..	..	..	..	..	3	22
Other skin diseases	..	..	..	..	..	9	47
Total ..					..	12	96

Group 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	16	15
Errors of refraction (including squint) ..	624	99
Total ..	640	114
Number of pupils for whom spectacles were		
(a) Prescribed	360	64
(b) Obtained	352	64

Group 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	1
(b) for adenoids and chronic tonsillitis ..	—	61
(c) for other nose and throat conditions ..	—	3
Received other forms of treatment	7	80
Total ..	7	145

Group 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals..	—	1
	By the Authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	—	43
Total	—	44

Group 5.—CHILD GUIDANCE TREATMENT.

	No. of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	91	—

Group 6.—SPEECH THERAPY.

	No. of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	242	—

Group 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	10	65
(b) Other than (a) above (specify)		
1. Hernia operation	—	3
2. Appendicectomy	—	3
3. Removal of eye	—	1
4.	—	—
5.	—	—
Total	10	72

TABLE V.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) Periodic	1726
(b) Specials	357
Total	2083
(2) Number found to require treatment	1751
(3) Number referred for treatment	1751
(4) Number actually treated	1743
(5) Attendances made by pupils for treatment	2650

(6) Half-days devoted to :	Inspection	}	
	Treatment		
	Total		588
(7) Fillings :	Permanent Teeth		3796
	Temporary Teeth		754
	Total		4550
(8) Number of teeth filled :	Permanent Teeth		2813
	Temporary Teeth		685
			3498
(9) Extractions :	Permanent Teeth		342
	Temporary Teeth		996
	Total		1338
(10) Administration of general anaesthetics for extraction			—
(11) Other operations :	Permanent Teeth		327
	Temporary Teeth		1174
	Total		1501

CAMBRIDGESHIRE CHILD GUIDANCE CLINIC

STATISTICS FOR THE YEAR ENDED DECEMBER, 1952

<i>Cases referred by :</i>	<i>City</i>	<i>County</i>	<i>Others</i>	<i>Total</i>
School Medical Officer	35	19	—	54
Head Teachers	30	7	—	37
Maternity and Child Welfare	11	—	—	11
Parents	13	12	1	26
Magistrates and Probation Officers	13	—	—	13
Children's Officer	3	—	1	4
School Welfare Officer	3	2	—	5
Private Doctors	8	—	—	8
Speech Therapist	2	2	—	4
Other Agencies	12	3	1	16
Totals	130	45	3	178

DISPOSAL OF CASES

Cases closed during 1952 :

<i>Not Treated or Treatment Incomplete</i>	<i>City</i>	<i>County</i>	<i>Others</i>	<i>Total</i>
Left District	2	1	—	3
Parents unco-operative	1	2	—	3
Withdrawn	1	1	—	2
After Social Investigation and Parent Guidance	21	8	1	30
<i>After Treatment :</i>				
Improved	34	12	—	46
Not Improved	1	—	—	1
Sent to Hostel or School.. .. .	4	3	—	7
<i>Examined and Advised :</i>	34	17	2	53
<i>Intelligence Test Only :</i>	9	4	—	13
	<hr/> 107	<hr/> 48	<hr/> 3	<hr/> 158
..	<hr/>	<hr/>	<hr/>	<hr/>

Cases on Register 31st December, 1952

Not investigated	1	2	—	3
Under Investigation and Social Work	15	5	—	20
Awaiting full Clinic Examination	10	3	—	13
Awaiting vacancy for regular treatment	11	4	—	15
Under treatment	49	26	—	75
Receiving After-care	10	3	—	13
	<hr/> 96	<hr/> 43	<hr/> —	<hr/> 139
	<hr/>	<hr/>	<hr/>	<hr/>

<i>SPEECH CLINIC—STATISTICS FOR YEAR ENDED DECEMBER 1952.</i>	<i>City</i>	<i>County</i>	<i>Total</i>
<i>Cases</i>			
Referred during the year.. .. .	110	128	238
Number requiring treatment	106	123	229
Treated	238	242	480
Discharged	68	66	134
Under treatment 31st December, 1952 ..	170	176	346
On waiting list 31st December, 1952 ..	46	44	90
Not examined 31st December, 1952 ..	1	6	7

Speech Defects of Children examined during the year :

					City	County	Total
Dyslalia	..	..	..	..	53	80	133
Stammer	..	..	..	..	23	18	41
Sigmatism	..	..	..	..	20	16	36
Other defects	..	..	..	..	10	9	19
					<hr/> 106	<hr/> 123	<hr/> 229